

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Reno		NE 1/4 NE 1/4 SW 1/4	15	24	10 E (W)

Distance and direction from nearest town or city street address of well if located within city?

118 N. Main, Sylvia

2	WATER WELL OWNER: KDHE	RR #, St. Address, Box #: 1000 SW Jackson, Suite 410	Board of Agriculture, Division of Water Resources
City, State, ZIP Code: Topeka, KS 66612-1367		Application Number:	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 14 ft.												
		WELL'S STATIC WATER LEVEL n/a ft.													
WELL WAS USED AS:															
<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other Vapor extraction</td> </tr> </table>				1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other Vapor extraction
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Was a chemical / bacteriological sample submitted to Department? Yes No X															
If yes, mo/day/yr sample was submitted															
Water Well Disinfected: Yes No X															

5	TYPE OF BLANK CASING USED:													
<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>					1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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Blank casing diameter 4 in. Was casing pulled? Yes X No If yes, how much 14'														
Casing height above or below land surface n/a in.														

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other Native soil																				
Grout Plug Intervals: From 0 ft. to 1 ft., From 1 ft. to 15 ft., From to ft.																									
What is the nearest source of possible contamination:																									
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Direction from well? How many feet?																									

FROM	TO	PLUGGING MATERIALS
0	1	Native soil
1	15	Bentonite (11")

VEW5

KDHE #A2 078 40106

GeoCore #1249 (897)

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5/4/2006 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/year) 5/25/2006 under the business name of GeoCore Inc.
by (signature) <i>[Signature]</i>	

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.